

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



|              |              |
|--------------|--------------|
| Permit #:    | 18-0484      |
| Date:        | 11-28-18     |
| Amount Paid: | \$75 11-2-18 |
| Refund:      |              |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

|   |  |  |  |
|---|--|--|--|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER |  |  |  |
| Owner's Name:<br>John Burton & John Hove  | Mailing Address:<br>P.O. Box 92        | City/State/Zip:<br>Port Wing WI 54865                | Telephone:<br>715-774-3334   |
| Address of Property:<br>83235 WASHINGTON  | City/State/Zip:<br>PORT WING WI 54865  | Cell Phone:<br>773-412-9444                          |  |
| Contractor:<br>SELF   | Contractor Phone:<br>—                 | Plumber:<br>—  | Plumber Phone:<br>—  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))<br>—   | Agent Phone:<br>—                      | Agent Mailing Address (include City/State/Zip):<br>— | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| PROJECT LOCATION<br>NW 1/4, NE 1/4  | Legal Description: (Use Tax Statement) | Tax ID#<br>28774                                     | Recorded Document: (Showing Ownership)<br>2015 R 559581                                    |
| Section 29, Township 50 N, Range 08 W   | Town of:<br>PORT WING                  | Lot Size   | Acreage<br>.449  |

|   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Shoreland →              | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is Property in Floodplain Zone?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →   | Distance Structure is from Shoreline : _____ feet |  |  |
| <input checked="" type="checkbox"/> Non-Shoreland |   |   |  |  |

| Value at Time of Completion<br>* include donated time & material | Project   | # of Stories                                | Foundation   | # of bedrooms in structure               | What Type of Sewer/Sanitary System Is on the property?                                    | Type of Water on property                |
|--|---|---|--|--|---|--|
| \$9,000  | <input type="checkbox"/> New Construction               | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement                  | <input type="checkbox"/> 1               | <input checked="" type="checkbox"/> Municipal/City  | <input checked="" type="checkbox"/> City |
|  | <input checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft     | <input type="checkbox"/> Foundation                | <input type="checkbox"/> 2               | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input type="checkbox"/> Well            |
|  | <input type="checkbox"/> Conversion                     | <input type="checkbox"/> 2-Story            | <input checked="" type="checkbox"/> SLAB           | <input type="checkbox"/> 3               | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____                            | <input type="checkbox"/>                 |
|  | <input type="checkbox"/> Relocate (existing bldg)       |   |  |  | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |  |
|  | <input type="checkbox"/> Run a Business on Property     |   | Use <input checked="" type="checkbox"/> Year Round | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract)                                    |  |
|  | <input type="checkbox"/>                                |   |  |  | <input type="checkbox"/> Compost Toilet   |  |
|  |   |   |  |  | <input checked="" type="checkbox"/> None  |  |

|   |            |           |               |
|---|------------|-----------|---------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 50 | Width: 24 | Height: _____ |
| Proposed Construction:  | Length: 16 | Width: 24 | Height: 12    |

| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions  | Square Footage |
|---|-------------------------------------|--|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use<br>NOV 23 2018<br><input type="checkbox"/> Commercial Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )       |                |
|   | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )       |                |
|   |                                     | with Loft  | ( X )       |                |
|   |                                     | with a Porch   | ( X )       |                |
|   |                                     | with (2nd) Porch   | ( X )       |                |
|   |                                     | with a Deck  | ( X )       |                |
| <input type="checkbox"/> Municipal Use  |                                     | with (2nd) Deck  | ( X )       |                |
|   |                                     | with Attached Garage   | ( X )       |                |
|   | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )       |                |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )       |                |
|   | <input checked="" type="checkbox"/> | Addition/Alteration (specify) SHED ATTACHED TO GARW  | ( 16 X 24 ) | 384            |
|   | <input type="checkbox"/>            | Accessory Building (specify) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (specify) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Other: (explain) _____   | ( X )       |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): John Burton & John Hove  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 10/24/2018

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

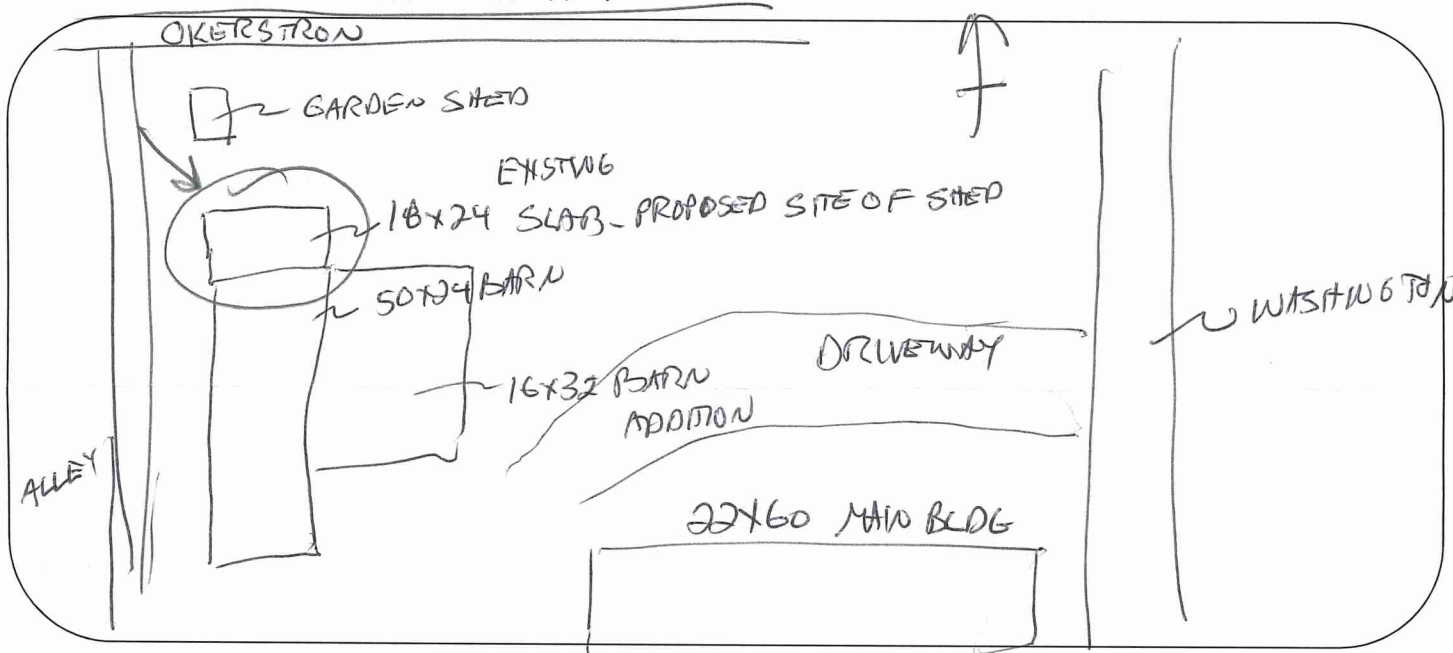
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

**Fill Out in Ink – NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description                                 | Measurement   | Description                                      | Measurement   |
|---|---------------|--|---|
| Setback from the Centerline of Platted Road | 149 / 70 Feet | Setback from the Lake (ordinary high-water mark) | NA Feet   |
| Setback from the Established Right-of-Way   |               | Setback from the River, Stream, Creek            | NA Feet   |
|   |               | Setback from the Bank or Bluff                   | NA Feet   |
| Setback from the North Lot Line             | 40 Feet       |  |   |
| Setback from the South Lot Line             | 104 Feet      | Setback from Wetland                             | NA Feet   |
| Setback from the West Lot Line              | 8 Feet        | 20% Slope Area on the property                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line              | 110 Feet      | Elevation of Floodplain                          | NA Feet   |
|   |               |  |   |
| Setback to Septic Tank or Holding Tank      | NA Feet       | Setback to Well                                  | NA Feet   |
| Setback to Drain Field                      | NA Feet       |  |   |
| Setback to Privy (Portable, Composting)     | NA Feet       |  |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

|   |   |   |   |                                  |   |
|---|---|---|---|----------------------------------|---|
| <b>Issuance Information (County Use Only)</b>   |   | Sanitary Number: <u>Municipal</u>   | # of bedrooms:  | Sanitary Date:                   |   |
| Permit Denied (Date):   |   | Reason for Denial:  |   |                                  |   |
| Permit #: <u>18-0484</u>  |   | Permit Date: <u>11-28-18</u>  |   |                                  |   |
| Is Parcel a Sub-Standard Lot  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)                  | Mitigation Required   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Parcel in Common Ownership   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))         | Mitigation Attached   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Structure Non-Conforming   | <input checked="" type="checkbox"/> Yes <u>West property line / Alley</u> <input type="checkbox"/> No |   |   |                                  |   |
| Granted by Variance (B.O.A.)  |   | Previously Granted by Variance (B.O.A.)                                     |   |                                  |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |   |                                  |   |
| Was Parcel Legally Created  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                   | Were Property Lines Represented by Owner                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                  |   |
| Was Proposed Building Site Delineated   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Pre-existing Slab</u>          | Was Property Surveyed   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                  |   |
| Inspection Record: <u>Existing building is approx. 12-15 feet from center of Alley (west) or approximately 2-5 ft from Alley Row. Project site has pre-existing slab from prior addition to barn.</u> |   |   |   |                                  | Zoning District ( <u>C</u> )  |
| Date of Inspection: <u>11/7/18</u> Inspected by: <u>Todd Norwood</u>  |   |   |   |                                  | Lakes Classification ( )  |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)  |   |   |   |                                  | Date of Re-Inspection:  |
| <u>Structure must be flush with the existing barn and not further encroach toward the west/alley. Structure must meet and maintain all other set-backs. No human habitation/sleeping.</u>             |   |   |   |                                  |   |
| Signature of Inspector: <u>Todd Norwood</u>   |   |   |   | Date of Approval: <u>11/8/18</u> |   |
| Hold For Sanitary: <input type="checkbox"/>   | Hold For TBA: <input type="checkbox"/>  | Hold For Affidavit: <input type="checkbox"/>                                | Hold For Fees: <input type="checkbox"/>                             |                                  |   |

own, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **City**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0484** Issued To: **John Berton & John Hove**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **29** Township **50** N. Range **8** W. Town of **Port Wing**

Gov't Lot Lot **1-6** Block **18** Subdivision **Port Wing Proper** CSM#

For: **Residential Accessory Structure Addition: [ 1- Story; Shed Addition (16' x 24') = 384 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** **Structure must be flush with the existing barn and not further encroach toward the West / Alley. Structure must meet and maintain all other set-backs. No human habitation / sleeping.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**November 28, 2018**

Date